

WAM CHECKLIST FOR INVOICE REVIEW

Invoice No: B078 Performance Period 02/28/16 - 04/02/16 WA #: 357-TATA-A882

Contract No.: EP-W-05-049 Contractor: CDM Smith

Site Columbia Falls Aluminum WAM Name: Mike Cirian

***Please provide written explanations when answers are "no"**

Y N NA

VOUCHER OVERVIEW

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Does the monthly invoice correspond to the monthly progress report? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the billed costs authorized by the work assignment/workplan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the accumulated costs and LOE sufficiently below the approved workplan budget to accomplish remaining work? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LABOR

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 4. Is the labor mix (p-levels) appropriate for the work performed this month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the labor hours commensurate with work completed this month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER DIRECT COSTS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 6. Do travel expenses appear reasonable and within the approved budget? NA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do supply and material costs appear appropriate for the tasks completed this month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are all ODCs reasonable for the work performed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SUBCONTRACTS

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| 9. Was consent for subcontractor charges received in advance? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Are the subcontractor costs consistent with the work performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Critical Performance Categories (Rate the following categories using the rating system of 1-5)
0 = Unsatisfactory 1=Poor 2=Fair 3=Good 4=Excellent 5 = Outstanding

Quality of Product and Services	<u>4</u>
Cost Control (includes Resource Utilization)	<u>4</u>
Timeliness of Performance	<u>4</u>
Overall Project Planning and Support (includes Business Relations	<u>4</u>
Technical Competence and Innovation	<u>4</u>

Has the contractor notified the WAM of possible cost overruns or contract issues requiring immediate attention? YES X NO _____ N/A _____

If yes/no please explain:

Is overall performance for the period satisfactory? YES X NO _____

If no please explain:

- ☒ No exceptions are made to the invoiced amount of \$ 1,812.80 for the work assignment and period of performance referenced above.
- ☐ Exception is made to the invoiced amount. Exceptions are listed below, or attached if more room is needed.

Reason for Exception/Additional Comments:

WAM Signature:  DATE: 4/21/2016